

<b>READ INSTRUCTIONS ON BACK</b>		<b>ANNUAL REGISTRATION FEE *\$105.00 Per Type of Operation</b>	<b>2006 FORM OR-1</b>
ORGANIZATION REPORT			
1. Purpose of Filing    ( ) Initial Filing                  ( ) Change of Address/Contact ( ) Annual Refiling                      Please indicate if any address or contact person ( ) Organization Name Change       has changed from that shown on prior year Form OR-1		2. OOC Code Number	
3. Type of Operation    ( ) Oil Transporter/Storer                  ( ) Refinery                  ( ) Other - Identify ( ) Gas Plant                                      ( ) Gas Transporter		3a. Initial Date of LA Operation	
3b. Name of Operator of Gas Plant or Refinery and Operator's Office of Conservation (OOC) Code Number.			
4. Organization - Name & Mailing Address  <b>A. Contact Person for Organization:</b>  <b>B. Contact Person in case of Emergency:</b> Phone No.: Fax No.: E-Mail Address:		5. Address to which Form R2, R3, R5T and R6 correspondence should be directed:   <b>Contact Person for Reporting:</b> Phone No.: Fax No.: E-Mail Address:	
6. Current Plan of Organization (Select ONE ONLY) ( ) Corporation - State where incorporated: _____ ( ) Partnership ( ) Individual                                      ( ) Trust                                      ( ) Joint Venture                                      ( ) Other			
7. Three Primary Officers    (Only one necessary if individual)			
		COMPANY FEDERAL TAX ID NO. _____	
(1) Name:			
Address:		Title:	
(2) Name:			
Address:		Title:	
(3) Name:			
Address:		Title:	
8. Complete page 2 for TRANSPORTERS, STORERS, PLANTS AND REFINERIES    (See Instructions)			
9. If a change of organization name, give previous name and OOC code number:			
Name:	No.	Eff. Date:	
10. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.			
CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			
_____ PRINTED NAME		_____ TITLE	_____ DATE
_____ SIGNATURE		TELEPHONE No.:	
FOR OOC USE ONLY			
DATE: _____		APPROVED BY: _____	PAID-CHECK No.: _____

## **INSTRUCTIONS FOR BLUE COLORED CODED FORM**

Form OR-1: Organization Report  
Registration Fee \$105.00

**WHO IS TO FILE FORM OR-1:** Each entity performing operations within the jurisdiction of the Office of Conservation, must file annually. A separate Form OR-1, and appropriate fee, must be filed for each type of operation.

**WHEN TO FILE FORM OR-1:** Form OR-1 must be filed prior to beginning the first operation that is within Office of Conservation jurisdiction or when an organization name is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. Update any changes by entering them in the proper areas; where no changes occur, enter the word "SAME". SIGN the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

**ADDRESS INSTRUCTIONS:** Each name and address line is limited to 30 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.

### **SPECIFIC ITEMS ON FORM OR-1:**

1. Check the proper block to show the purpose of filing.
2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned, do not give your previously assigned OOC Code Number in this space (See No. 9).
3. Check proper block to show type of operation. **A separate Form OR-1 , and appropriate fee, must be filed for each type of operation.**
- 3a. Please indicate the Initial Date of Operation in Louisiana.
- 3b. Give Name and OOC Code Number of Operator of Gas Plant or Refinery.
4. This is the official name of your organization as carried on Office of Conservation records. **ADDRESS, (a) ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE and (b) AN EMERGENCY CONTACT, PHONE NUMBER, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B . ALL OF THIS INFORMATION MUST BE PROVIDED.**
5. Address to which Production Audit reporting correspondence should be directed, the Contact Person , telephone number, fax number and e-mail address.
6. Check the appropriate plan of organization. Select one only.
7. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name **(AGENTS NOT ACCEPTABLE)**. Do not attach a listing of any others. The street address for each Officer **MUST** be different from that shown for the organization in No. 4. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 4. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
8. Complete Page 2 for Transporters, Storers, Plants and Refineries.
  - a.) Check the appropriate box and, if certified by the Commissioner of Conservation, give date of certification.
  - b.) Indicate PSC number if applicable. Identify and describe all equipment and give normal base location of equipment.
  - c.) Indicate physical location of gas plant/oil refinery by Section, Township and Range.Attach copy of simplified flow diagram or schematic.  
Indicate name of plant. If new plant, indicate date of initial operation.
9. If you have changed your organization name, give the previous name of the organization , as well as the previously assigned OOC Code Number.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL SHIRLEY WILKS OR JAYNE GARON AT 225 342-5530.**

**RETURN TO:**  
**DEPARTMENT OF NATURAL RESOURCES**  
**OFFICE OF CONSERVATION**  
**P.O. BOX 94008**  
**BATON ROUGE, LA. 70804-9008**

ORGANIZATION REPORT

8 a.) GAS TRANSPORTERS:

1. (    ) Intrastate      (    ) Interstate

2. Give date of Certification: \_\_\_\_\_  
(if Certified by the Commissioner)

8 b.) OIL TRANSPORTERS/STORER:

1.) PSC Number \_\_\_\_\_ (LA Public Service Commission)

2.) Equipment Identification and Description:  
(License Number, Tank/Barge Number, Capacity, and/or other type of identification.)

3.) Normal base location of equipment.

8 c.) GAS PLANTS AND OIL REFINERIES:

1.) Physical location of plant. (Section, Township and Range)

\_\_\_\_\_

2.) Send simplified schematic or flow diagram of plant or refinery process.

3.) Plant Name: \_\_\_\_\_

4.) Initial Date of Operation: \_\_\_\_\_